

**MAINE DEPARTMENT OF HUMAN SERVICES
ADOPTION REUNION REGISTRY APPLICATION**

WHO MAY REGISTER:

- *Adopted persons 18 years of age or older, born or adopted in Maine.
- *Adopted persons 18 years of age or older, whose adoptions were subsequently annulled or whose adoptive parents no longer have parental rights.
- *Persons 18 years of age or older who were freed for adoption but were never subsequently adopted.
- *Biological parent of an adopted person or of a person freed for adoption but not subsequently adopted.
- *Adoptive parent or legal custodian or guardian of an adopted person who is under 18 years old or has been determined to be incapacitated.
- *Adoptive parent of an adopted person who has died.
- *Legal custodian or guardian of a person whose adoption was annulled, whose adoptive parents no longer have custody, who was freed for adoption but not subsequently adopted, or who has been determined by a court to be incapacitated.
- *Full or half-sibling (age 18 or older) of an adopted person or person freed for adoption.
- *Legal custodian or guardian of a person under 18 who is a full or half-sibling of an adopted person or person freed for adoption.
- *Certain relatives of the biological parent of an adopted person, if that biological parent is deceased: mother, father, grandparent, full sibling, half sibling, aunt, uncle, cousin.

HOW TO APPLY:

1. Complete the application form that applies to you. Fill in all items in order to ensure accurate identification of registrants.
2. Sign and date the certification statement.
3. Attach a certified copy of your own birth certificate as verification of your identity.
4. If you are a full or half-sibling of an adopted person, you must provide a certified copy of your own birth certificate as documentation of your relationship to the adopted person.
5. If you are registering on behalf of a minor child who is a full or half-sibling of the adopted person, you must provide a certified copy of the minor's birth certificate as documentation of the relationship and a copy of the court order giving you guardianship or custody.
6. If you are registering as a relative of a deceased biological parent, you must also provide: a certified copy of his or her death certificate and documentation of your relationship to the deceased.
7. Mail the application and supporting documents, together with the \$20.00 registration fee to:

Office of Vital Records
Maine Department of Human Services
11 State House Station
221 State Street
Augusta, Maine 04333-0011
Telephone: (207) 287-3181

All supporting documents will be returned to you after your application has been processed.

PLEASE REMEMBER TO KEEP US INFORMED OF ANY CHANGES IN ADDRESS

You may withdraw from the registry at any time by writing to the Office of Data, Research, and Vital Statistics.

ADOPTED PERSON	1. Name of adopted person at birth		
	2. Birthdate	3. Sex	4. Birthplace

BIOLOGICAL PARENTS	5. Biological mother's maiden name	6. Father's name on birth certificate

8. Mailing address	
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CONTACT	10. I wish contact with the adopted person if he or she is 18 years of age or older:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	11. If the adopted person is under age 18 or is incapacitated, I wish contact with his or her adoptive parent or legal guardian:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	12. If the adopted person has died, I wish contact with his or her adoptive parents:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

CERTIFICATION I hereby certify that I am the biological parent or specified other relative of the adopted person named above, or the legal custodian or guardian of a minor sibling of that adopted person, and that I wish contact with him or her or with the other individuals indicated above.

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**APPLICATION - ADOPTED PERSON
OR PERSON ACTING ON HIS OR HER BEHALF**

ADOPTED PERSON	1. Name after adoption		
	2. Birthdate	3. Sex	4. Birthplace

“Adopted Person” includes those whose adoption was annulled or whose adoptive parents no longer have parental rights.

ADOPTIVE PARENTS	5a. Adoptive mother’s maiden name	5b. Adoptive father’s name
ADOPTION DATA	6a. Date of Adoption	6b. Court

APPLICANT	7. Name
	8. Mailing address
	9. Status (Check only one.) <input type="checkbox"/> Adopted person 18 years of age or older <input type="checkbox"/> Adopted person 18 years of age or older whose adoption was annulled <input type="checkbox"/> Adopted person 18 years of age or older whose adoptive parents no longer have parental rights <input type="checkbox"/> Adoptive parent or legal custodian/guardian of an adopted person who is under age 18 or who is incapacitated <input type="checkbox"/> Legal custodian/guardian of a person under age 18 whose adoption was annulled or whose adoptive parents no longer have custody <input type="checkbox"/> Adoptive parent(s) of an adopted person who has died.

CONTACT DESIRED	10. I wish contact with my biological parents:	<input type="checkbox"/> Yes <input type="checkbox"/> No
	11. I wish contact with my biological full siblings who are 18 years of age or older:	<input type="checkbox"/> Yes <input type="checkbox"/> No
	12. . I wish contact with my biological half- siblings who are 18 years of age or older:	<input type="checkbox"/> Yes <input type="checkbox"/> No
	13. If my biological mother or father has died, I wish contact with these relatives of that parent: <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Mother <input type="checkbox"/> Full sibling <input type="checkbox"/> Aunt </div> <div> <input type="checkbox"/> Father <input type="checkbox"/> Half-sibling <input type="checkbox"/> Uncle </div> <div> <input type="checkbox"/> Grandparent <input type="checkbox"/> Cousin </div> </div>	

**SPECIAL
INSTRUCTIONS
CERTIFICATION**

I hereby certify that I am the adopted person named above, or the adoptive parent or legal custodian or guardian of that person, and that I wish contact with the biological parents and/or other relatives as indicated above.

Signed: _____ Date: _____

**APPLICATION-PERSON FREED FOR ADOPTION
BUT NOT SUBSEQUENTLY ADOPTED
OR PERSON ACTING ON HIS OR HER BEHALF**

PERSONAL DATA	1. Name		
	2. Birthdate	3. Sex	4. Birthplace
PARENTS	5a. Mother's maiden name		5b. Father's name on birth certificate
COURT DATA	6a. Date freed for adoption		6b. Court
APPLICANT	7. Name		
	8. Mailing address		
	9. Status (Check only one.) <input type="checkbox"/> Person 18 years of age or older who was freed for adoption but not subsequently adopted <input type="checkbox"/> Legal custodian/guardian of person under 18 who was freed for adoption but not subsequently adopted <input type="checkbox"/> Legal custodian/guardian of person determined by a court to be incapacitated and who was freed for adoption but not subsequently adopted		
CONTACT	10. I wish contact with my biological parents: <input type="checkbox"/> Yes <input type="checkbox"/> No 11. I wish contact with my biological full siblings who are 18 years of age or older: <input type="checkbox"/> Yes <input type="checkbox"/> No 12. I wish contact with my biological half-siblings who are 18 years of age or older: <input type="checkbox"/> Yes <input type="checkbox"/> No 13. If my biological mother or father has died, I wish contact with these relatives of that parent: <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div><input type="checkbox"/> Mother</div> <div><input type="checkbox"/> Father</div> <div><input type="checkbox"/> Grandparent</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div><input type="checkbox"/> Full sibling</div> <div><input type="checkbox"/> Half-sibling</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div><input type="checkbox"/> Aunt</div> <div><input type="checkbox"/> Uncle</div> <div><input type="checkbox"/> Cousin</div> </div>		

SPECIAL INSTRUCTIONS
CERTIFICATION

I hereby certify that I am the person named above, or the legal custodian or guardian of that person, and that I wish contact with the biological parents and/or other individuals indicated above.

Signed: _____ Date: _____